DIVERSITY
THE PEOPLE, THE PLACES AND THE PRACTICE
MAY 2-4, 2013 • WINNIPEG, CANADA
GREETINGS

Welcome to Winnipeg for the Registered Psychiatric Nurses of Canada’s sixth World Congress for Psychiatric Nurses.

Governments, service providers and the public agree that promoting positive mental health, preventing mental illness where possible, and providing a range of recovery based mental health services and supports are priorities. Exchanging knowledge with your colleagues from across the country strengthens your skills and fortifies the teamwork necessary for an effective, efficient health care system.

Through the professionalism and expertise of Canada’s psychiatric nurses, we are making important progress in both health promotion and in supporting people with mental health problems and illnesses in their recovery. Your contributions to both are helping to enlighten the public about mental health issues. Your work helps promote awareness of the importance of positive mental health, as well as the need for accessible treatment. The work you do, and how you do it, also highlights the importance of promoting inclusion of people with mental health problems and illnesses and their families.

We encourage you to enjoy your stay in our province and continue your good work. You are making a positive difference in the lives of a great many people who benefit from your dedication and expertise.

Theresa Oswald,
Minister Manitoba Health

Jim Rondeau,
Minister Manitoba Healthy Living, Seniors and Consumer Affair

Message from Mayor Sam Katz

On behalf of The City of Winnipeg, it is my pleasure to extend greetings to all those attending the 6th World Congress for Psychiatric Nurses hosted by The College of Registered Psychiatric Nurses of Manitoba.

This conference will provide each of you with the opportunity to discuss important mental health issues with Registered Psychiatric Nurses from here and around the world. I would encourage you to take advantage of the networking opportunities with other health care professionals. I am certain that the educational sessions, informative speakers and social events will prove to be both enlightening and rewarding. It takes initiative, vision and hard work to make an event such as this happen and I would like to recognize the contribution of the organizers and volunteers for making this event possible.

It is my hope that our visitors will experience the warm hospitality that our City offers and take the time to explore some of our City’s many attractions. Winnipeg is a vibrant young city that offers a variety of restaurants, shopping destinations, and a host of sporting and cultural activities that I am sure you will enjoy. We truly have something for everyone.

Once again, on behalf the citizens of Winnipeg and my esteemed colleagues on City Council, I would like to extend best wishes for a successful and rewarding conference.

Sam Katz,
Mayor
Greetings from the congress organizers

We would like to welcome you to the 2013 RPNC World Congress for Psychiatric Nurses! The Registered Psychiatric Nurses of Canada (RPNC) is proud to sponsor this sixth World Congress for Psychiatric Nurses. Over the next three days you will have the opportunity to participate in the exciting exchanges of information and ideas which will challenge you to grow professionally.

Our theme for this World Congress is “Diversity: The People, The Places and The Practice”. As Canada continues to grow and welcome new practitioners in the field of psychiatric nursing, it has become increasingly important to embrace and acknowledge the differences in how we practice as Registered Psychiatric Nurses. This theme celebrates the many diverse aspects of our profession and the uniqueness each of us bring to practice.

The RPNC conducts participant surveys which will be emailed to you following the conference to gather feedback. We encourage your completion of these surveys and look forward to your feedback as that is how we will improve future conferences.

Enjoy your stay in Winnipeg! Enjoy meeting new colleagues and reacquainting yourself with old friends. Finally, be sure to enjoy the warm hospitality of the people of “Friendly Manitoba”.

Steering Committee

Karen Burgess
Debbie Frechette
Isabelle Jarrin
Leo O’Rourke
Ryan Shymko
Dee Thomas

Mr. Leo O’Rourke, RPN
President of the College of Registered Psychiatric Nurses (CRPNM) and Registered Psychiatric Nurses of Canada (RPNC)

Ms. Isabelle Jarrin, RPN, BScPN, BA
Chair, Steering Committee
### Sessions at a glance

**THURSDAY MAY 2**

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<thead>
<tr>
<th>Time</th>
<th>Session A1 Location</th>
<th>Session A2 Location</th>
<th>Session A3 Location</th>
<th>Session A4 Location</th>
<th>Session A5 Location</th>
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<tbody>
<tr>
<td>5:30am-8:00am</td>
<td>Cambridge</td>
<td>York</td>
<td>Harrow</td>
<td>Lombard</td>
<td>Wellington</td>
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<tr>
<td>6:00am-8:00am</td>
<td>Registration</td>
<td>A Diverse Recovery-Oriented Care for PTSD?</td>
<td>Meaningful E-Learning (MEL): An international, collaborative, multi-institution research project</td>
<td>Psychiatry Inter-professional Team Admission</td>
<td>When That Metal Door Closes, What Next?</td>
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#### Sessions at a glance

**FRIDAY MAY 3**

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<tr>
<th>Time</th>
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<tr>
<td>7:00am-8:00am</td>
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<td>York</td>
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<td>Harrow</td>
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<tr>
<td>8:00am-9:45am</td>
<td>Registration/Breakfast</td>
<td>A Diverse Recovery-Oriented Care for PTSD?</td>
<td>Face it and defeat it: The Rwandan experience to trauma healing through remembering and mourning</td>
<td>Isolated in the Arctic - Psychiatric Nursing Practice in the Baffin Region of Canada's Arctic</td>
<td>Faculty Perspectives on Student Development of Reflective Practice for Psychiatric Mental Health Nurses</td>
</tr>
<tr>
<td>9:45am-10:15am</td>
<td>Refreshment Break, Poster Displays &amp; Exhibits</td>
<td>Meaningful E-Learning (MEL): An international, collaborative, multi-institution research project</td>
<td>Special presentation: Miss Vicki Smye</td>
<td>Mobile Medication Clinic - Innovations for Medication Compliance</td>
<td>The Future of Continuing Competence Programs: How do we engage members at the next level?</td>
</tr>
<tr>
<td>10:15am-11:10am</td>
<td>Plenary</td>
<td>Psychiatry Inter-professional Team Admission</td>
<td>Patient Case Conferences: A Solution-Focused Perspective</td>
<td>Patient Case Conferences: A Solution-Focused Perspective</td>
<td>A study to explore the shifting perceptions of mentorship in mental health nursing: Being and becoming</td>
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#### Sessions at a glance

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<th>Time</th>
<th>Session C1 Location</th>
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<th>Session C3 Location</th>
<th>Session C4 Location</th>
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<tr>
<td>11:15am-12:15pm</td>
<td>Cambridge</td>
<td>Wellington</td>
<td>York</td>
<td>Harrow</td>
<td>Lombard</td>
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<tr>
<td>12:15pm-1:30pm</td>
<td>Lunch</td>
<td>Gender Diversity: What does it mean for psychiatric nursing?</td>
<td>Challenging Conventional Wisdom: Improving Suicide Prevention</td>
<td>Suicide Prevention Barriers in Primary Care: Nurse Practitioners’ Perspectives</td>
<td>Registered Psychiatric Nurses in Rural Canada: A Geographical Appraisal</td>
</tr>
<tr>
<td>1:30pm-2:40pm</td>
<td>Special Guests</td>
<td>Special presentation: Miss Vicki Smye</td>
<td>Pilot Violence and Incident Reporting Measures on a Forensic Mental Health Unit</td>
<td>A Diverse Workforce: Registered Psychiatric Nursing in Canada</td>
<td>A Diverse Workforce: Registered Psychiatric Nursing in Canada</td>
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<tr>
<td>2:45pm-3:30pm</td>
<td>CONCURRENT SESSIONS B</td>
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<td>3:30pm-3:55pm</td>
<td>Refreshment Break, Poster Displays &amp; Exhibits</td>
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Saturdays May 4

1. **Sessions E1**
   - Location: Lombard
     - The Role of Secondary Trauma Stress and Vicarious Trauma on Suicidal Ideation and the Acquired Capability for Suicide as an Explanation for the Occupational Risk for Suicide among Mental Health Nurses
   - **Location:** Lombard
     - The Women’s Supervision Unit and Mental Health Services for Women
   - **Location:** York
     - Palliative care during the last period of life in psychiatry
   - **Location:** Harrow
     - Prevention in Forensic Mental Health; The Dutch Experience

2. **Sessions E2**
   - Location: York
     - DBT Skills Training and Attitude Shifts in Treating Borderline Personality Disorder
   - Location: Wellington
     - Everything you always wanted to know about seclusion and restraint reduction
   - Location: Cambridge
     - Turning Tragedy Into Triumph. MetaHabilitation; A Contemporary Model of Rehabilitation
     - The Mental Health Recovery Model

3. **Sessions E3**
   - Location: Harrow
     - Supporting Staff: An important component of patient safety
   - Location: Wellington
     - Recognizing and Understanding Ambiguous Loss: An Avenue for Family Healing and Implications for Family Psychiatric Nursing Practice
   - Location: Cambridge
     - The Mental Health Recovery Model

4. **Sessions E4**
   - Location: Lombard
     - Kids Grieve Too
   - Location: York
     - DBT Skills Training and Attitude Shifts in Treating Borderline Personality Disorder
   - Location: Wellington
     - Everything you always wanted to know about seclusion and restraint reduction
   - Location: Cambridge
     - Turning Tragedy Into Triumph. MetaHabilitation; A Contemporary Model of Rehabilitation

5. **Sessions E5**
   - Location: Harrow
     - Prevalence of Psychiatric Disorders and Associated Factors among Children and Adolescents within Dar es Salaam Juvenile Systems
   - Location: Lombard
     - The lived experience of patients with a Borderline Personality Disorder with the intervention Brief Admission
   - Location: York
     - Self-management education for patients with bipolar disorder
   - Location: Wellington
     - Everything you always wanted to know about seclusion and restraint reduction
   - Location: Cambridge
     - Turning Tragedy Into Triumph. MetaHabilitation; A Contemporary Model of Rehabilitation

6. **Sessions E6**
   - Location: Lombard
     - The Role of Secondary Trauma Stress and Vicarious Trauma on Suicidal Ideation and the Acquired Capability for Suicide as an Explanation for the Occupational Risk for Suicide among Mental Health Nurses
   - Location: York
     - Palliative care during the last period of life in psychiatry
   - Location: Harrow
     - Prevention in Forensic Mental Health; The Dutch Experience
   - Location: Wellington
     - Everything you always wanted to know about seclusion and restraint reduction
   - Location: Cambridge
     - Turning Tragedy Into Triumph. MetaHabilitation; A Contemporary Model of Rehabilitation
     - The Mental Health Recovery Model

**Schedule:**
1. **7:00am - 8:00am** Registration/Breakfast - Sponsored by Roche Pharmaceuticals
2. **8:00am - 9:40am** Welcome, Announcements, Plenary - Kiera Van Gelder
3. **9:45am - 10:45am** Concurrent Sessions D
4. **10:45am - 11:10am** Refreshment Break, Poster Displays & Exhibits
5. **11:15am - 12:15pm** Concurrent Sessions E
6. **12:15pm - 1:45pm** Lunch - Sponsored by Mylan Pharmaceuticals / GenCAN & RPNC Awards
7. **1:45pm - 2:45pm** Plenary - Dr. Kwame McKenzie
8. **2:45pm - 2:55pm** 7th Inning stretch
9. **3:00pm - 4:00pm** Closing, Plenary - Vicki Smye, (Poster Awards & RPNC Awards, Handoff to AB, and goodbye)
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Lundbeck

Saskatchewan SUN

Manitoba

Saskatchewan Institute for Applied Science and Technology

Brandon University

Founded 1900
A. Stigma and mental illness: comparative attitudes and personal constructs
Dr. Carlyle London
West London Mental Health NHS Trust - United Kingdom

B. Improving the Therapeutic Relationship; Improving Outcomes
Dr. Dene Shipowick
Alberta Health Services - The Centennial Centre for Mental Health and Brain Injury - Canada

C. Getting In and Out Whole: Connecting with Patients’ Emotional Pain in the Psychiatric Setting
Dr. Judith Van Sant, PhD, RN, CNE
Jefferson School of Nursing, Thomas Jefferson University - USA

D. Exploring the Experiences of Canadian Psychiatric Nurses: A Phenomenological Study
Mr. John Jackson
Brandon University - Canada

E. Meaningful Electronic learning (MEL) Project in psychiatric nursing education
Mrs. Kathryn White
Saskatchewan Institute of Applied Science and Technology - Canada

F. Attitudes and knowledge of nurses towards alcohol, alcoholism and alcoholics: A comparative study between two groups
Ms. Janaina Soares
School of Nursing, University of São Paulo - Brasil

G. Consultation Liaison Nursing
Ms. Kris Lischynski, Ms. Natasha Szczerba
Health Sciences Centre - Canada

H. Supporting new nurses to work in mental health: The Mental Health Nursing Residency Program (MHNRP)
Ms. Lisebeth Gatkowski RN BScN, CPMHN(C)
St. Joseph’s Healthcare Hamilton - Canada

I. Brief Admission in the Netherlands; is it one intervention?
Ms. Marjolein Hellemann
Dimence - Netherlands

J. Treatment model of the first-time psychotic episode patients
Ms. Reetta Lahtinen RN
Helsinki University Central Hospital - Finland

K. Effectiveness of Reiki on anxiety or depression in nursing practice: a literature review
Ms. Wai Man Yu
The Open University of Hong Kong - Hong Kong

L. Influence of Innovative Curricula on Psychiatric Nursing Education and Professional Practice
Dr. Gamini Randeni
Kwantlen Polytechnic University - Canada

M. Development of checklist on nursing management of patients undergoing Electroconvulsive Therapy
Ms. Jasveen Kaur
Desh Bhagat Institute Of Nursing - India

N. Mental Illness Stigma among Nurses in Psychiatric Wards of Teaching Hospitals in North West of Iran
Ms. Maryam Vahidi
Tabriz university of medical sciences, Nursing and Midwifery Faculty - Iranw

Sponsor Profile

Mylan is one of the world’s largest producers of generic and specialty pharmaceuticals, offering one of the industry’s broadest and highest quality product portfolios, a robust pipeline and a global commercial footprint that spans approximately 140 countries and territories. With a workforce of more than 20,000, Mylan has attained leading positions in key international markets through its wide array of dosage forms and delivery systems, significant manufacturing capacity, global scale and commitment to customer service.

At Mylan, we are committed to setting new standards in health care. Working together around the world to provide 7 billion people access to high quality medicine, we innovate to satisfy unmet needs; make reliability and service excellence a habit; do what’s right, not what’s easy; and impact the future through passionate global leadership.
Exhibitor Listing

1. Mylan Pharmaceuticals
2. MacEwan University, Psychiatric Nursing
3. Bristol-Myers Squibb Canada
4. Union of Psychiatric Nurses
5. Fraser Health
6. Lundbeck Canada Inc.
7. Saskatchewan Union of Nurses
8. SIAST - Psychiatric Nursing
9. Province of Manitoba/Department of Health, Selkirk Mental Health Centre
10. Venture Health Care
11. Manitoba Health
12. Brandon University
13. Winnipeg Child & Family Services
14. Login Canada
15. Janssen Pharmaceuticals
16. RPNF & RRNC
**KEY NOTE SPEAKERS**

**Eva Kovacs**  
Eva started her Television career in 1998 at Global Television in Winnipeg and spent almost 12 years as part of the Global News team working as Anchor, Reporter and Producer. A mother of 2 small children, Eva left this successful broadcast journalism career briefly to take a leap into corporate communications at the Winnipeg Regional Health Authority to find a better balance between work and life.  

Global Winnipeg launched The Morning News in February 2012 and was a great fit for Eva to return to Global News. Today she is the face that Manitoban’s welcome into their homes every morning.  

Born and raised in Winnipeg, Eva’s enthusiasm for community comes from a personal connection and concern about what happens within our neighborhoods, city and province. She enjoys making that human connection with the people she meets and through the stories she tells.

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**Dr. Leonard Bowers** is a registered psychiatric nurse who has worked in a variety of clinical settings in direct care as well as management. In a full time research position at City University in London he commenced a program of research into inpatient care, and ways to reduce conflict (violence, absconding, substance use, rule breaking, and medication refusal) and containment (as required medication, coerced sedation, seclusion, special observation, manual restraint, etc.).

Dr. Bowers acts as referee for a number of national and international grant awarding bodies, as well as sitting on the decision making committees of several. He has recently secured a further £2 million in funding to continue his research work at the Institute of Psychiatry.

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**Dr. Kwame McKenzie** is a psychiatrist, researcher, policy advisor and broadcaster. He has worked in the field of the causes of mental health problems and multi-cultural mental health for 20 years and has published over 100 articles and 4 books. His work spans basic science and applied policy research with experience in Europe, the Caribbean, UK and US.

Dr. McKenzie is the Director of the Canada Institutes of Health Research Social Aetiology of Mental Illness Training Centre, Senior Scientist of Social Equity and Health Research, Deputy Director of the Schizophrenia Program at the Centre for Addiction and Mental Health. He is a Professor of Psychiatry at the University of Toronto and sits on the Service System Advisory Committee of the Mental Health Commission of Canada.
**Victoria Smye**, PhD, RN, is a registered nurse and Associate Professor at the University of British Columbia, School of Nursing. Dr. Syme’s research program focuses on access to mental health and addictions care with particular attention in women’s mental health and Aboriginal mental health.

She has been recommended for funding by the Canadian Institutes of Health Research (CIHR) to explore Aboriginal peoples’ experiences of mental health and addictions care (2006-2009). She is also funded as a New Investigator by the CIHR on a net grant, the Women’s Health Effects Study (WHES – The health effects of women leaving intimate partner violence).

**Kiera Van Gelder’s** first suicide attempt at the age of twelve marked the onset of her struggles with drug addiction, depression, post-traumatic stress, self-harm, and chaotic romantic relationships—all of which eventually led to doctors’ belated diagnosis of borderline personality disorder. She is the author of The Buddha and the Borderline, the first ever memoir to describe the recovery process utilizing these new, cutting edge treatments and Buddhism.

Kiera Van Gelder’s finely-honed literary talent offers us a stunning and intimate look into a life-threatening condition that has been a shameful secret even among those with mental illness. Now an international advocate and educator, Kiera reveals how the combination of education, support, treatment, and spirituality taught her to transform such BPD symptoms as self-destruction, self-hatred, and anger and to create an extraordinary life.

**Ms. Gaye Hanson.** R.N., B.Sc.N., M.P.A. Gaye is an Aboriginal nurse leader of Cree ancestry with a life-long commitment to community nursing practice. As a community health nurse, Australian educated midwife and former health care system executive in both the federal and Yukon territorial governments, Gaye brings a diverse perspective to her work. As a Zone Nursing Officer, she participated as a nursing advisor in the early days of health transfer in Manitoba. She advanced to a role negotiating health transfer in Alberta for the federal government.

Moving to the Yukon in the early 1990’s she became ADM and then Deputy Minister involved in the Yukon health transfer as well as holding responsibility for social services and youth justice. Over the past 20 years she has worked to support self-determination in health and health care in a variety of planning, negotiation, program design, policy development and evaluation roles serving First Nation governments across Canada. She is a former president of the Aboriginal Nurses Association of Canada, served on the First Nation, Inuit and Métis Committee of the Mental Health Commission of Canada and maintains a passionate interest in land-based healing and services to rural and remote regions of Canada. Gaye has published in the areas of relational cultural competence and Aboriginal Palliative Care.
Session: A1
Exposing First Year Nursing Students to Diverse Populations in Community Settings
Name: Dr. Ann-Marie Urban
Co-Presenters: Ms. Sherry Arvidson
Organization Name: University of Regina,
Country: Canada
Abstract: Exposing First Year Nursing Students to Diverse Populations in Community Settings
In 2012, the Canadian Nurses’ Association National Expert Commission released the report A Nursing Call to Action, which suggests a fundamental shift in how health care in Canada is funded, managed and delivered. Nursing education plays an integral part in how nurses are socialized into the health care system. Authors of the report suggest that “Nothing is more fundamental to transforming health care than the way professionals are educated, but curricula are out of date and out of step with the transformations ahead.”
Nursing education focuses much of its practical experience in the context of acute care hospitals, however, in developing our new Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) Program, a collaboration between the University of Regina and the Saskatchewan Institute of Applied Science and Technology (SIAST), it was decided to expose students to diverse populations in a variety of settings. As a result, CNUR 100 Practice Education: Community Partnerships, a mandatory course for first year nursing students, was developed. A weekly seminar provided students with the opportunity to learn and critically reflect about diversity in community agencies. The course proved to be a rewarding experience - for both students and instructors.

Session: A2
A Diverse Recovery-Oriented Care for PTSD?
Name: Ms. Inke Schaap
Co-Presenters: Dr. Peter Goossens
Organization Name: Saxion
Country: Netherlands
Abstract: The basis for this workshop is the PhD-study ‘Personal recovery in PTSD’;
Post-traumatic stress disorder is an anxiety disorder which arises after exposure to a traumatic event. Although evidence for treatment for PTSD has been demonstrated in recent years, recovery from PTSD is complicated. Outcomes of treatment are variable and the majority of PTSD- patients continue to have substantial residual symptoms after treatment (Bradley, Greene, Russ, Dutra, Westen, 2005). The presence of residual symptoms is associated with decreased quality of life (Fava, Tomba, 2009). In mental health care clinical recovery and personal recovery are described (Slade, 2009) with clinical recovery meaning a decrease in symptoms and personal recovery living a life within the limitations caused by mental illness. In PTSD clinical recovery is a rare phenomenon since symptoms remain or relapse takes place. Considering this fact, studies on personal recovery are of clinical and social importance.
Aims of the workshop: Personal recovery is described as an individual process (Anthony, 2003). Nursing interventions are being developed and several authors have emphasized the importance of a recovery oriented attitude. It can be concluded that recovery is not a standardized intervention. In the workshop we reflect on ways on how to benefit from diversity from the perspective of both clients and nurses in recovery oriented care. The researchers would like to take the opportunity of the conference to exchange ideas and perspectives on diversity in recovery oriented care and to set goals for future research.

Session: A3
Meaningful E-Learning (MEL): An international, collaborative, multi-institution research project
Name: Ms. Caroline Hoftart
Co-Presenters: Ms. Sue Myers, Ms. Carol Hipfner, Mrs. Kathy White
Organization Name: Saskatchewan Institute of Applied Science and Technologies, Nursing Division,
Country: Canada
Abstract: This project explores the following variables: a) perceptions of quality e-learning courses; b) challenges of e-learning courses; c) prerequisite knowledge and e-learning skills; d) learning styles and e-learning, and e) characteristics of quality e-learning courses. Preliminary data from online surveys and focus groups will be available for dissemination during the presentation.
Due to the increasing use of e-learning strategies, the MEL project is extensive. Recommendations that emerge from the study have the potential to influence e-learning best practices in nursing education, the social sciences, the arts and humanities across the globe.

Session: A4
Psychiatry Inter-professional Team Admission
Name: Ms. Leslie McGregor
Organization Name: McGill University Health Centre,
Country: Canada
Abstract: The in-patient psychiatry unit of an acute care teaching hospital changed the patient admission process from individual professional assessment interviews with the patient over the course of several days to one team interview. This was an initiative undertaken as part of a pilot project to implement the Institute for Health Care Improvement “Transforming Care at the Bedside” (TCAB) which uses Lean Toyota concepts to reduce waste in the system and increase direct nursing time with patients. The goals of the team admission were to streamline the admission process by decreasing replication for the staff, reducing time and repetition for the patients, increasing collaboration among professionals, and increasing coordination of care. A structured implementation process was used, which incorporated feedback from staff, patients and families. The implementation strategy was based on the PDSA approach. For example, “Plan, Do, Study, Act” allows small tests of change with rapid revision.

Session: A5
Diverse Populations in Community Settings
Co-Presenters: Dr. Rachel French de Mejia, Dr. Sue Myers, Dr. Carol Hipfner, Dr. Caroline Hoffart
Organization Name: Douglas College,
Country: Canada
Abstract: From error to error one discovers the entire truth. - Sigmund Freud
This phenomenological study explored the essence of the meaning that the experience of making mistakes holds for 6 psychiatric nursing instructors in a psychiatric nursing school in a large urban area in Canada. Discussion of making mistakes in the health care field is often a taboo subject, yet learning theory suggests the best way to develop good judgment is to learn from mistakes (Berman, 2006). Data collected from face to face interviews and an on-line focus group was analyzed to determine themes of meaning and the contexts in which they occurred. It was found that, consistent with the literature, not only did all six psychiatric nursing instructors view mistakes as critical to the learning process, they also had a thirst to talk about the phenomena of mistake making. Additionally, some of the impact of the phenomena on psychiatric nursing students learning experiences emerged, contributing to a deeper understanding of the phenomena for the field.
The new model was “tested” and the results showed increased satisfaction of staff and patients and a significant decrease in the time needed to complete the interview process from an average of 4 hours to 1 hour. Staff identified an additional benefit: “a chance to learn from each other”. Change management skills were also learned in the process. The team admission has been officially adopted for the past 2 years with unanimous agreement. The majority of patients are consistently interviewed by the team within the first 24 hours of admission.

Session: A4
Mobile Medication Clinic - Innovations for Medication Compliance
Name: Ms. Cara Miller
Co-Presenters: Ms. Judy Judd, RPN; Community Mental Health Nurse
Organization Name: Western Regional Health Authority
(Prairie Mountain Health Authority pending),
Country: Canada

Abstract: The Mental Health Promotion Clinic (MHPC) is a community-based service of the Psychosocial Rehabilitation Program of Community Mental Health Services within Brandon of the Western Regional Health Authority. One function of the MHPC is to support individuals in medication management through supervision of oral medication, for the purposes of teaching, establishing routine and structure, reducing barriers to medication compliance, and to promote recovery. Hours of operation have traditionally been Monday – Friday and the majority of clients attend the program for medication and follow-up. Registered Psychiatric Nurses working in the MHPC identified a specific population of individuals living in the community with severe and persistent mental illness and co-occurring disorders where medication noncompliance is related to poor insight and lack of access to structured services. This population is well-supported through application of harm reduction principles. To improve and enhance the five-day per week service, medication therapy is being received in client’s homes through supervision by a Registered Psychiatric Nurse and a Proctor on days when the Mental Health Promotion Clinic is closed. After receiving medication therapy support from the mobile medication clinic, mental status assessments, symptoms of illness, and medication therapy support from the mobile medication

Session: A5
When That Metal Door Closes, What Next?
Name: Ms. Allison Done
Co-Presenters: Ms. Heather Collier, RPN, Ms. Gale Rowley, Ms. Jodine Szabo
Organization Name: Westman Crisis Service, Prairie Mountain Health, Brandon, Manitoba,
Country: Canada

Abstract: When That Metal Door Closes, What Next?
After leaving the safe and structured setting of an inpatient psychiatric unit, many patients who have attempted suicide feel a sense of “dropping off a cliff”. They are often overwhelmed and suicide remains an option. The increased risk of killing oneself post-discharge is well-documented in the literature. Drawing from evidence in the literature and experiential learning through clinical practice, staff in Mental Health Services in Brandon, Manitoba recognized several challenges for clients returning to the community setting. Building on the work of Dr. John Cutcliffe and Dr. Paul Links, a Mental Health Supportive Transition, Evaluation and Planning (MH STEP) model was developed. This model is based on a strong partnership between acute care psychiatric services and the community mental health services. Piloted in the fall of 2011, the MH STEP model is a community-based, short-term transition program. People who were admitted to the designated psychiatric unit following a suicide attempt are provided with seven consecutive days of in-home visits after discharge. In this presentation, a program manager will provide an overview of the service delivery model and highlight key elements of the program, front-line service providers will describe the roles and responsibilities of the various health care providers and a client will offer lessons about practical support that facilitates reintegration into the community following a suicide attempt. Program outcomes and recommendations for practice will also be shared.

Session: B1
Validation of the attitude scale towards alcohol, alcoholism and alcoholics (EAFAAA) among health professionals.
Name: Dr. Divane Vargas
Organization Name: Sao Paulo University - School of Nursing
Country: Brazil

Abstract: Exploratory study with a psychometric approach, based on the measurement of health professionals’ attitudes towards alcohol, alcoholism and alcoholics. The goal was to accomplish the construct validation of the Attitude Scale Towards Alcohol, Alcoholism and Alcoholics – EAFAAA; according to statistical parameters for psychosocial variable measures. For data collection, the initial EAFAAA was applied, comprising 96 items, divided in five factors: in a sample of 1,025 health professionals from different services in Sao Paulo City. Construct validation was accomplished according to the two modern psychometric study and application branches, that is, Classical Test Theory (CIT). Data analysis according to the methods the CIT proposes resulted in a 50-item Scale, divided in 4 factors: Factor 1: Work and interpersonal relationship with the alcoholic patient; Factor 2: Attitudes towards the alcoholic person; Factor 3: Attitudes towards alcoholism (etiology); Factor 4: Attitudes towards alcohol beverages use

The reliability observed in this version estimated through Cronbach’s Alpha was 0.86. Based on the psychometric properties observed in this study, it was concluded that the Attitude Scale towards Alcohol, Alcoholism and Alcoholics is valid to measure health professionals’ attitudes towards alcohol and alcoholism related issues. It is a high-quality instrument, which is able to identify health professionals’ attitudes with proven reliability.
Concurrent Session Descriptions

Session: B1
Morality and Deception in Mental Health
Name: Ms. Rosalind Abdool
Organization Name: University of Waterloo, Canada

Abstract: Deception is a central issue in bioethics. This emerges most clearly when considering ways of assisting individuals who are incapable of making decisions for themselves. Philosophically, it is a crucial question whether deception should be considered morally reprehensible, morally permissible, or perhaps even praiseworthy in different scenarios. Deception can be defined as purposefully misleading another to think that something one believes to be false is true. Deception often deprives others of the ability to make informed decisions and it further creates a false image of reality. But what about those individuals whose reality is already altered due to mental impairment?

I explore several traditional arguments that deem deception as morally unacceptable. For example, it is often argued that deception robs people of an accurate perception of the world and that they cannot exercise their autonomy grounded in facts about the world (Frankfurt 2005). Deception also unfairly manipulates others and is a breach of important trust-relations (Williams 2009, Scanlon 1998). In these kinds of cases, I argue that the same reasons commonly used against deception actually provide strong reasons why deception can be extremely beneficial for patients who lack mental capacity. Deception can enhance, rather than impair, autonomy in certain cases: for example, using deception to convince a patient to take medications appropriate by the patient’s response” (p. 204). Seclusion as an intervention has ethical implications for nurses and patients. Nurses must maintain their duty to protect those they care for from harm while keeping in mind patients’ rights. At present, we have limited understanding of the way nurses navigate this tension, described by Taxis (2002) as an ethical quagmire. This presentation will provide an overview of the seclusion literature and preliminary findings from a qualitative study exploring the place of ethics in mental health nurses’ clinical judgements on the use of seclusion. The research approach used is interpretive description (Thorne, 2008). A sample of 10 to 20 RNPs and RNs will be recruited to participate in semi-structured interviews. The research questions are: 1. What are mental health nurses’ experiences with the use of seclusion in inpatient mental health settings? 2. What are mental health nurses’ perceptions of the factors that influence the judgment to seclude a patient in a mental health setting? 3. What consideration is given to the ethics of this practice when secluding a patient?

Session: B1
The Place of Ethics in Mental Health Nurses’ Clinical Judgment in the Use of Seclusion
Name: Ms. Isabelle Jarrin
Co-Presenters: Dr. Marie Edwards, Dr. Elaine Mordoch
Organization Name: University of Manitoba, Masters Student /Health Sciences Centre Winnipeg, Canada

Abstract: Mental health nurses, in consultation with immediate team members, make the decision to seclude patients when they are a danger to themselves or others. This involves clinical judgment, defined byTanner (2006) as “an interpretation or conclusion about a patient’s needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient’s response” (p. 204). Seclusion as an intervention has ethical implications for nurses and patients. Nurses must maintain their duty to protect those they care for from harm while keeping in mind patients’ rights. At present, we have limited understanding of the way nurses navigate this tension, described by Taxis (2002) as an ethical quagmire. This presentation will provide an overview of the seclusion literature and preliminary findings from a qualitative study exploring the place of ethics in mental health nurses’ clinical judgements on the use of seclusion. The research approach used is interpretive description (Thorne, 2008). A sample of 10 to 20 RNPs and RNs will be recruited to participate in semi-structured interviews. The research questions are: 1. What are mental health nurses’ experiences with the use of seclusion in inpatient mental health settings? 2. What are mental health nurses’ perceptions of the factors that influence the judgment to seclude a patient in a mental health setting? 3. What consideration is given to the ethics of this practice when secluding a patient?

Session: B2
Validation of the attitude scale towards alcohol, alcoholism and alcoholics (EAFAAA) among health professionals.
Name: Dr. Divane Vargas
Organization Name: Sao Paulo University - School of Nursing, Brazil

Abstract: Exploratory study with a psychometric approach, based on the measurement of health professionals’ attitudes towards alcohol, alcoholism and alcoholics. The goal was to accomplish the construct validation of the Attitude Scale Towards Alcohol, Alcoholism and Alcoholics — EAFAAA; according to statistical parameters for psychosocial variable measures. For data collection, the initial EAFAAA was applied, comprising 96 items, divided in five factors: in a sample of 1,025 health professionals from different services in Sao Paulo City. Construct validation was accomplished according to the two modern psychometric study and application branches, that is, Classical Test Theory (CTT). Data analysis according to the methods the CTT proposes resulted in a 50-item Scale, divided in 4 factors: Factor 1: Work and interpersonal relationship with the alcoholic patient; Factor 2: Attitudes towards the alcoholic person; Factor 3: Attitudes towards alcoholism (etiology); Factor 4: Attitudes towards alcohol beverages use

The reliability observed in this version estimated through Cronbach’s Alpha was 0.86. Based on the psychometric properties observed in this study, it was concluded that the Attitude Scale towards Alcohol, Alcoholism and Alcoholics is valid to measure health professionals’ attitudes towards alcohol and alcohol related issues. It is a high-quality instrument, which is able to identify health professionals’ attitudes with proven reliability.

Session: B2
Face it and defeat it: The Rwandan experience to trauma healing through remembering and mourning
Name: Mrs. Umubyeyi Benoite
Organization Name: Kigali Health Institute, Country: Rwanda

Abstract: In the historical 1994 genocide in Rwanda that claimed a million people, survivors witnessed brutal killings, torture and destruction of their homes. The nature and magnitude of the survivors’ exposure placed them at increased risk for long-term post-traumatic disorders and psychological reactions. Every year, one week’s activities to remember the victims are organized countrywide.

The Rwandan approach to trauma healing is a unique model based on the premise that trauma will not go away unless it is actively confronted. The approach focuses on provision of space for survivors to feel
heared and for every detail of the traumatic event to be re-experienced in a safe environment. The basis for this approach emanates from the African culture that observes the need for individuals and families to mourn their beloved ones. During genocide, victims were not given due respect as it would have been in the normal circumstances. Evidence from other the survivors of Guatemala Genocide confirmed that commemoration rituals on survivors was associated with higher support and social sharing about the event, communal coping, and lower trauma avoided thoughts.

This paper therefore presents our experiences in trauma management among genocide survivors focusing on the genocide memorial period.

Session: B3
Utilizing the iPad as a Mobile Teaching Resource for Psychiatric Nursing Instructors

Name: Dr. Brian Parker
Co-Presenters: Mr. Jon Coulson, Mr. Dustin Chan, Mr. Kirk Wright
Organization Name: Psychiatric Nursing Program, MacEwan University
Country: Canada

Background: The digital revolution has significantly impacted psychiatric nursing education through the proliferation of learning tools such as the Apple iPad. Although the literature indicates that mobile teaching resources like the iPad have the potential to enhance learning, there is a dearth of literature regarding the use of iPads in psychiatric nursing education. Conversely, the use of tablets in nursing informatics is beginning to proliferate in the modern healthcare environment. Neimeier (2012) noted that as the influx of technology grows, nurses will play a key role in utilizing these technologies to improve critical thinking skills, enhance access to resources, and improve patient care. Therefore integration of mobile educational tools into psychiatric nursing curricula is paramount to ensure students keep pace with the competencies required of healthcare practitioners.

Method: Through an inter-professional collaboration between the Psychiatric Nursing Program and the Clinical Simulation Centre, Educational Technology, Faculty Development and Computer Science at MacEwan University, a research project was initiated with the goal of informing best practice regarding the use of iPads in psychiatric nursing education. The iPad project began with use of iPads in selected program clinical laboratories, classrooms and clinical placements. This “proof of concept” phase was designed to inform the progression to a larger study and increased program integration of iPads in the 2013/2014 academic year.

Conclusion: The purpose of this presentation is to engage participants in a discussion of the initial phase of the MacEwan Psychiatric Nursing Program iPad integration project along with the preliminary findings to date.

Session: B4
Isolated in the Arctic - Psychiatric Nursing Practice in the Baffin Region of Canada’s Arctic

Name: Miss Candice Waddell
Co-Presenters: Ms. Esther Warinner, Ms. Mysti Lutz
Organization Name: Government of Nunavut
Country: Canada

Abstract: Nunavut is a territory of close to 200 million square kilometers with 26 established communities scattered over its vast landscape. Nunavut has a very low population density, stated as 33,268 as compared to its extensive land mass. (Nunavut Bureau of Statistics, 2010). This extensive landscape and low population density provides a difficult atmosphere for the residents in the territory as well as the service providers that live among them. L.K O’Neill (2010) identifies that low population density, geographical isolation and uncontrollable weather conditions all result in limited health options including mental health services for Northern inhabitants.

The registered psychiatric nurse within the communities primarily manages the mental health services. These positions are often quite scarce and are dependent on the population of the community. These helping professionals deal with an extensive amount of traumatic experiences. Encounters with clients that have experienced trauma through residential schools, childhood sexual assault, domestic violence, poverty, alcohol and drug addiction, persistent mental illness, extreme violence and suicide are prevalent within the clientele seen by these professional roles.

Collaboration among professionals is key in addressing the issues the Nunavumiut face. These professionals work within isolated communities, so working within a multidisciplinary team, local par-professionals and relying on other colleagues within the Baffin Region helps to bridge the gap that the miles of uninhabited space create.

This presentation will focus on the historical impact and trauma that Nunavumiut face, the culture of Nunavumiut and how this culture guides their well-being, the diversity and the expanded practice role of Northern Psychiatric Nurses and the positive programs and achievements that this group of registered psychiatric nurses have achieved in order to diminish the isolation and collaborate together to provide positive and professional mental health services to Nunavumiut in the Baffin region.

Session: B5
The Future of Continuing Competence Programs; How do we engage members at the next level?

Name: Mr. Ryan Shymko
Co-Presenters: Ms. Jane Karp
Organization Name: CRPNM, Country: Canada

Abstract: Competency is defined as “the quality of being adequately or well qualified physically and intellectually” (The Free Dictionary, 2012). Across North America and around the world, continuing competence programs for professionals have become mandatory pieces of professional development. Now, as many governments have introduced legislation that mandates such programs, there is an emerging trend that seeks to enhance the competency of practitioners. Recent literature suggests that competency assessment needs to incorporate: 1) a multi-faceted approach, incorporating qualitative and quantitative information from multiple sources; 2) a multi-stepped model to ensure efficiencies; and 3) a greater depth to assess the professional’s actions in real life situations (Worsfold, 2012).

This presentation aims to provide current best practice models for continuing competence programs as well as introduce those assessment methods that are being implemented in continuing competence programs in Canada and around the world. As such, these programs are designed to not only assess and maintain one’s competence in their field of practice, but to “enhance the practice of the regulated health profession” (The Manitoba Regulated Health Professions Act, Bill 18 (2009). Participants will have the unique opportunity to take part within the discussion and provide knowledge and feedback on programs that are emerging in many regulated health professions, including registered psychiatric nursing.
Session: B5
A study to explore the shifting perceptions of mentorship in mental health nursing: Being and becoming
Name: Mrs. Julie Teatheredge
Country: England
Abstract: A study to explore the shifting perceptions of mentorship in mental health nursing: Being and becoming
This study set out to establish, implement and evaluate the importance of developing social networks, positive relationships and community integration and the ability of people to establish and maintain meaningful, purposeful lives through developing social networks, positive relationships and community engagement. This study set out to establish, implement and evaluate the programme of supported socialisation with people experiencing persistent mental health difficulties living in the community. A prospective RCT study, based on the CONSORT principles was conducted. A community based trial design was employed within the Dublin Mid-Leinster region from 2007 to September 2011. Service users diagnosed with enduring mental illness and attending one of five mental health services were invited to participate. The intervention was to promote a ‘friendship’ between volunteer and participant comparable to ordinary social friendships and existing outside of the usual constraints of the mental health care system. To ascertain the effectiveness of the intervention a number of outcomes were measured including: social functioning, self-esteem, loneliness, depression and social network type. Data on all outcome variables was collected at three time points: baseline (within two weeks of intervention commencement), mid-point (4-months following commencement) and endpoint (10 months following commencement). The results of this study clearly demonstrate that being supported to socialise resulted in improvements in social functioning, reduction in social and family loneliness, extended social networks, increased self-esteem and a reduction in illness related symptom of depression.

Session: C2
Gender Diversity: What does it mean for psychiatric nursing?
Name: Ms. Fiona Smith
Organization Name: Brandon University
Country: Canada
Abstract: Transgender persons experience significant negative health outcomes related to stigma and discrimination at school, at home, and in the health care system (Bauer, Hammond, Travers, Kaay, Hohenadel, & Boyce, 2009). Transgender is an umbrella term referring to persons whose gender expression and/or identity varies from the gender they were assigned at birth. Literature exploring the evolution of terms related to diversity in gender identity has grown significantly in the last five years. Debate is ongoing as to whether variations in gender identity should continue to be included in the Diagnostic and Statistical Manual (Bockting, 2008). Most transgender persons report being aware of their gender variance in childhood. Experiences of rejection, discrimination and stigma significantly influence mental health outcomes. Photographic nurses, as clinicians, educators, administrators and researchers, have a role to play in promoting mental health for transgender persons.

Session: C3
Challenging Conventional Wisdom: Improving Suicide Prevention
Name: Dr. Sheryl Samuelson
Organization Name: Millikin University, Country: USA
Abstract: The purpose of this presentation is to improve suicide risk assessment and hence prevention through an examination of the use of conventional wisdom in current practice. Diverse populations and environments have had an impact on the incidence of suicide, yet risk assessment continues to be based on historical evidence and theories. Accurate assessment and prevention of patients who may be at risk for suicide remains an urgent international problem and has been highlighted by numerous agencies as a healthcare priority. The changing face of patients, diverse cultural practices and health beliefs, and a deepening cultural landscape create many ambiguities for suicide assessment. The model currently in use is based in part on inferences made about completed suicides and is formulated from speculative data in many cases. There is limited information about the life and death beliefs about the culturally diverse groups that inhabit our countries today.

The current assessment models will be critiqued for adequacy in the face of these changing characteristics. The close linkage of suicide with mental illness and impulsivity as co-morbid factors will be challenged. Evolution in social situations will be explored for ways that put some people at greater risk for suicide. Innovative assessment strategies along with culturally responsive intervention priorities will be identified.

Session: C4
Suicide Prevention Barriers in Primary Care: Nurse Practitioners’ Perspectives
Name: Ms. Joan D’Cruz
Organization Name: East Tennessee State University
Country: USA
Abstract: Background. A study by Feldman et al. (2007) reported that up to 75% of those who complete suicide have seen a primary care clinician in the past 30 days. The Department of Defense and Veterans Administration (2012) found a P4 screener designed to specifically help primary care providers assess suicide risk among patients. Statistics from the Centers of Disease Control and Prevention (CDC, 2011) indicate that suicide is the tenth leading cause of death in the United States. Purpose. 1) Assess provider knowledge about incidence, epidemiology, risk, protective factors and treatment of individuals at risk for suicide, before and following an educational session. 2) Document the use of the P4 suicide screening tool for patient visits at two primary care clinics in Tennessee.
Method. An educational session will be provided to educate providers on suicide prevention and the P4 screener. A pre-test and post-test questionnaire will be used to assess knowledge of primary care providers regarding suicide prevention. A retrospective chart review will be performed two weeks following the educational session, to determine the implementation of screening tool in practice.
Findings. Research is currently underway. Data will describe: 1) the number of individuals screened based...
on the presence of the tool in the chart 2) provider categorization of risk based on minimal, lower and higher risk 3) referrals to the emergency room or mental health specialists.

Discussion. Implications for nursing practice, education and further study will be described regarding the use of the P4 screener in primary care.

Session: C4
Piloting Violence and Incident Reporting Measures on a Forensic Mental Health Unit
Name: Dr. Phil Woods
Co-Presenters: Dr. Mark Olver, Mr. Dean Brick
Organization Name: College of Nursing, University of Saskatchewan,
Country: Canada
Abstract: There is extensive research that consistently shows superior risk decision-making when structured clinical judgement is used. Research on instrument development has amassed over the years to the current date where clinicians have a battery to choose from. Two instruments that are receiving considerable interest, particularly from nursing staff, are the Brøset Violence Checklist (BVC) and the Staff Observation Aggression Scale-Revised (SOAS-R).

This presentation will report results from a prospective cohort study which examined the introduction of violence and incident reporting measures on one forensic mental health unit in Saskatchewan. Over a period of 12 weeks nursing staff evaluated each patient two times a day using the extended version of the BVC. Each time an adverse incident occurred nursing staff completed the SOAS-R. At the end of the 12 week data collection period, the nursing staff provided feedback through focus group and individual interviews on how useful they had found the instruments. Implications for psychiatric nursing practice and future research are discussed.

Session: C5
Registered Psychiatric Nurses in Rural Canada: A Geographical Appraisal
Name: Dr. Roger Pitblado
Co-Presenters: Ms. Irene Koren, M. Sc., RN, Ms. Jessica Place, Ph.D. (c), Dr. Martha MacLeod, RN, Dr. Norma Stewart, RN, Dr. Judith Kulig, RN.
Organization Name: Centre for Rural and Northern Health Research, Laurentian University
Country: Canada
Abstract: Health human resources (HHR) planning is a complex enterprise requiring multiple inputs or modeling considerations. It is also recognized that healthcare personnel are not always well distributed geographically in relationship to the locales of the general population. This is particularly the case in Canada when examining sub-provincial or sub-territorial distributions or when comparing rural and urban HHR distributions. Explaining why there are “imbalances” or “maldistributions” of healthcare providers cannot be undertaken until the distributions have first been enumerated. The latter is the primary objective of this geographical study of the Registered Psychiatric Nurses (RPNs) of Canada. Its purpose is to provide descriptive and statistical summaries of rural and urban RPNs of Canada in terms of spatial location and selected demographic, educational, employment and mobility characteristics. This presentation reports on one component of a larger Nursing Practice in Rural and Remote Canada project which is designed to identify the continuing gaps in supports for rural/remote nursing practice. This is a follow up from a 2001 study, The Nature of Nursing Practice in Rural and Remote Canada, which was undertaken to examine and articulate the nature of registered nursing practice in rural/remote practice settings across the country. A decade after the initiation of that study, HHR planning around the accessibility, quality and sustainability of rural/
remote healthcare continues to be of concern nationally and provincially. In addition to RNs, the current project includes the practices of Licensed Practical Nurses and Registered Psychiatric Nurses, with the latter the focus of this presentation.

Session: C5
A Diverse Workforce: Registered Psychiatric Nursing in Canada
Name: Mr. Robert Pelletier
Organization Name: Canadian Institute for Health Information (CIHI)
Country: Canada

Abstract: Using data from the Nursing Database (NDB) at CIHI, this session will highlight and build upon information presented in the CIHI publication Regulated Nurses: Canadian Trends, 2007 to 2011 (forthcoming). Current issues such as the aging of the RPN workforce, changes in employment and practice patterns and the mobility of RPN graduates will be demonstrated and discussed, and will be supplemented by new research in the supply and urban/rural distribution of the RPN workforce across western Canada.

Session: D1
Prevalence of Psychiatric Disorders and Associated Factors among Children and Adolescents within Dar es Salaam Juvenile Systems
Name: Mr. Stewart John Mbewa
Organization Name: The Aga Khan University - Tanzania Institute of High Education
Country: United Republic of Tanzania

Abstract: Raising admissions of children and adolescents in Dar es Salaam remain home is a great concern to health professional and health agencies. To explore causes and factors in order to plan interventions at individual, family and community levels is of great value. Numbers of children and adolescents admitted to the Dar es Salaam remand home increased from an average of 20 to 30 per month from January to June, 2010.

Objective: The study aimed to determine prevalence of mental disorders and diagnosis, and explore associated factors among children and adolescents within the juvenile justice system in Dar es Salaam.

Method: The researcher used mixed methods; a cross sectional design to estimate prevalence of mental disorders, in-depth assessment interviews and focus group discussions with children, parents and care givers for additional information to diagnose mental disorders according to DSM IV TR criteria. Results: More than a third (34.3%) of 108 children and adolescents had mental dysfunction at assessment. Attention deficit hyperactivity disorder was commonly associated with their aberrant behaviours. Other conditions included drug and alcohol use disorders.

A few were diagnosed with sexual disorder, depression and brief psychotic reaction. Most history of unstable family situations such as parental death (58%) and divorce (44%)

Conclusion: Findings suggested high rates of mental disorders in apprehended children committing crime. Mental health screening and treatment for children and adolescents in juvenile justice systems should be made mandatory to ensure early treatment and prevention of complications for these children. Mental health screening for such children would also assist in conduct of a fair trial.

Session: D1
Schizophrenia: It’s Psychological Effects on Family Care Givers
Name: Mrs. Delvalin Riley-McHugh
Co-Presenters: Mrs. Cerese Hepburn-Brown, Dr. Jascinth Lindo, Dr. Eulalia Kahwa
Organization Name: University of the West Indies School of Nursing
Country: Jamaica

Background: De-institutionalization and the increasing shift of psychiatric care to the community have been associated with high levels of psychological distress among family members and or caregivers globally.

Objective: To determine the psychological effects of schizophrenia on primary caregivers for clients diagnosed with schizophrenia attending clinic at an urban hospital in Kingston Jamaica.

Method: This qualitative study used the clinic register of a community mental health clinic at hospital to purposively select and recruit five (5) primary family caregivers of clients diagnosed with schizophrenia (based on the DSM IV). Consenting participants were interviewed using a modified semi-structured Zarit Burden Interview Schedule which described their experiences caring for a relative with schizophrenia. Data were transcribed and followed by thematic content analysis with inductive coding.

Results: The care givers studied included 4 females and 1 male, aged 42 – 57 years and were either parents (4) or siblings (1) of the client diagnosing with schizophrenia. Participants experienced feelings of anger, sadness, loss of libido, loss of appetite and depression. They expressed feelings of fear, guilt, stigma and stress related to financial responsibilities in caring for clients. Coping mechanisms included social support from family members and their strong faith in God.

Conclusion: In this study primary community caregivers for clients diagnosed with schizophrenia attending clinic at the urban hospital were mainly female and/ or parents. Participants reported major psychological distress and ineffective coping. Strategies to prevent psychological distress among community caregivers of relatives with schizophrenia are imperative.

Session: D1
Kids Grieve Too
Name: Mrs. Claudette Moquin
Co-Presenters: PS Coordinator Eleanore Verplaetse
Organization Name: Hospice & Palliative Care MB
Country: Canada

Abstract: Children who experience the death of a parent, grandparent or other significant person in their lives are often the forgotten grievers. These children do in fact grieve but for a variety of reasons, are frequently not given the opportunity to express their feelings and emotions openly. If these children are not given the opportunity to cope with their grief, they may experience low self-esteem, depression, academic failure, deterioration in relationships with family and friends and may act out in a variety of ways which may include fighting, gang association, inappropriate risk taking, drug and alcohol abuse, etc. If these children are to heal, it is vitally important to provide a safe, supportive and accepting atmosphere in which they can share and express their grief.

In providing a safe, supportive environment where children can share their thoughts, feelings and emotions with peers who have also experienced the death of someone significant in their lives, their grief is normalized. Assistance in the process of grieving, promotes healthy lifestyles and aids in the development of coping skills for dealing with loss and grief.

It is also of paramount importance to support the grieving parents and adult caregivers of these children so that they can better support their children.

Session: D2
The lived experience of patients with a Borderline Personality Disorder with the intervention Brief Admission
Name: Mr. Marjolein Helleman
Co-Presenters: Dr. Peter Gossens, Dr. Ad Kaasenbrood, Dr. Theo can Achterberg
Organization Name: Dimence, Country: Netherlands

Objectives: To describe and explore the working components of the intervention “Brief Admission” through research on patients experiences.

Methods: A phenomenological study was used to explore the lived experience of patients diagnosed with Borderline Personality Disorder, with the intervention Brief Admission. A purposive sample of 17 outpatients were recruited. Unstructured interviewing methods were used.

Results: Time-out, Patients need a time-out from daily live to be able to reduce high levels of tension and emotional arousal. They are afraid to become self-destructive at home and need a safe environment to calm down.

Contact with clinical nurses: Patients need to be engaged in conversations with the nurses to: 1 Release
tension. 2 Explore feelings and thoughts, 3 Explore what went wrong at home. 4 Think about coping strategies to release tension and emotional arousal. 5 Think about the necessary actions to be able to go to home.

The feeling of being listened to, getting support and being understood is very important to be able to trust the nurse.

Growing in responsibility, Patients have difficulties in their first years of treatment to take responsibility for the management of their illness. They will wait too long asking for a Brief Admission which make their crisis more severe. When their experience with the intervention Brief Admission grows, their self-confidence grows and they are able to use it effectively to prevent a crisis. The earlier patients ask for this time-out, the faster their high levels of tension and emotional arousal will decrease.

Session: D2
Self-management education for patients with bipolar disorder
Name: Mr. Silvio van den Heuvel
Co-Presenters: Dr. Peter Goossens
Organization Name: Saxion University of Applied Sciences, Dimence,
Country: Netherlands

Introduction: Self-management is the individual ability to deal with symptoms, treatment, physical and psychosocial consequences and lifestyle changes inherent to living with a chronic illness. (Barlow et al, 2002) Recent developments in non-pharmaceutical treatment for patients with bipolar disorder are educational programmes to promote self-management provided by psychiatric nurses. However, the results of these educational interventions are of varying success. One of the suggested designated learning factors for a successful recovery in bipolar patient care is probably the burden of a depressive episode that triggers the patient’s will to avoid another depressive episode (Goossens, et al., 2010). However, little is known about which factors of self-management education are beneficial or detrimental.

Aim: Description of underlying mechanisms in self-management education

Method: This research design is a three-phased mixed method approach. The first phase is a phenomenological-hermeneutical study wherein clinical experiences and experiential knowledge of outpatients, nurses and informal caregivers will be described through in-depth interviews about educational aspects and the meaning of self-management when suffering from bipolar disorder. The second phase consist out a systematic review on the outcomes of self-management education used in chronic (somatic) illnesses. The third phase will be a descriptive quantitative study that aims to describe the underlying mechanisms that determine success or failure of self-management education for patients with bipolar disorder.

Outcome: on-going research, study phase one will end approximately end of January 2013 and published in two articles.

Session: D3
DBT Skills Training and Attitude Shifts in Treating Borderline Personality Disorder
Name: Mr. Craig Buckboro
Co-Presenters: Ms. Judith Harper, Ms. Kirk Kennedy
Organization Name: PsychHealth Centre STAT Day Hospital Program
Country: Canada

Abstract: One of the major issues for individuals dealing with Borderline Personality Disorder is negative self-judgment and assumptions and judgments made by those that are part of the support system for these individuals, be it family, physicians or front line workers in the mental health system. Marsha Linehan’s Biosocial Theory has been helpful in beginning to teach people with the diagnosis of Borderline Personality Disorder the non-judgmental stance and core mindfulness skills. In our work teaching DBT skills to these individuals, we have found that self-judgment decreases as skills increase. We also found that families benefit from some informative teaching around the theory, skills and language of DBT. This information may also be useful to front line workers who experience these individuals in inpatient and outpatient settings.

Session: D4
Everything you always wanted to know about seclusion and restraint reduction
Name: Ms. Andrea Thomson
Co-Presenters: Mr. Larry Stratton, Mrs. Linda Perron
Organization Name: Health Sciences Center
Country: Canada

Abstract: Seclusion and restraint has been widely accepted as an intervention to manage aggression and violence in acute care psychiatry. This use has proven to be dangerous for staff and individuals receiving care resulting in injury and trauma. A Psychiatric Intensive Care Unit completed an 18 month pilot project aimed at the reduction of violence, trauma and the use of seclusion and restraint. The project was established and lead by nursing utilizing trauma informed care based on six fundamental strategies necessary in seclusion reduction; leadership towards organizational change, use of data to inform practice, workforce development, use of seclusion and restraint prevention tools, consumer roles in inpatient settings and debriefing techniques (Huckhorn and LeBel, 2009).This project was successful at significantly reducing the rate and duration of seclusion and restraint. Participants of the workshop will learn the foundations of safely implementing trauma informed care to assist individuals exhibiting violence or aggression. Prevention tools, cultural changes, staff feedback and statistics will be discussed.

Session: D5
The Mental Health Recovery Model
Name: Ms. Karen Clements
Organization Name: Brandon University
Country: Canada

Abstract: The mental health recovery model can be understood from at least three perspectives: recovery as lived experience; recovery as ideology; and recovery as social and service policy. Personal narratives about mental illness and recovery are being used by individuals to reclaim the power to define the meaning of their own experience, to reclaim envisioning who they are and who they want to be, and to reclaim envisioning their own future. Personal recovery narratives are being used by grassroots and mental health advocacy organizations to construct a consumer-based knowledge about mental illness and recovery. This consumer-based knowledge
includes principles which define recovery, and define practices and supports needed to facilitate recovery. The language, the ideals, the knowledge of “recovery” is being picked up by and translated into mental health reform in Australia, UK, USA, Canada, and beyond. The presentation focuses on the construction of personal recovery narratives in the first instance, recovery as personal experience, by reporting on a Photovoice research project, Our Photos/Our Selves, in which a community psychosocial rehabilitation centre collaborated with a psychiatric nursing professor to produce photo/text documenting consumer ideas about recovery. Recovery isn’t personal journey and although social change and mental health system change are needed they must remain grounded in personal experience and include the voices of those with mental illness.

Session: E1
The Role of Secondary Trauma Stress and Vicarious Trauma on Suicidal Ideation and the Acquired Capability for Suicide as an Explanation for the Occupational Risk for Suicide among Mental Health Nurses
Name: Ms. Claire Winson-Jones
Organization Name: Douglas College Bachelor of Science Psychiatric Nursing
Country: Canada

Abstract: Increasingly research evidence documents that the risk of suicide is higher amongst specific occupations (Agerbo, Gunnell, Bondia, Mortenson & Nordenfelt, 2007). Explanations for the elevated risk of suicide are varied and include occupational access to lethal means such as medical personnel’s access to lethal medications, or criminal justice personnel’s access to firearms. Other explanations for occupational risk are associated with socioeconomic factors, including low wages and transient work. In addition, occupational exposure to high stress or trauma, including Secondary Trauma Stress (Figley, 1995) or Vicarious Trauma (McCann & Pearlman, 1990), may be potential contributing factors. Thomas Joiner’s interpersonal-psychological theory of suicide has been identified as a theoretical model that provides an explanation for increased risk amongst certain occupations (Joiner 2005; Joiner 2007; Joiner et al., 2009; Van Orden et al., 2010). In a review of the epidemiological research identifying occupations at risk for suicide, there is significant evidence of an increased risk for suicide amongst nurses (Agerbo et al., 2007; Andersen, Hawgood, Klieve, Köhves, & De Leo, 2010; Hem et al., 2005; Skegg, Firth, Gray & Cox, 2010). However, the research focused on explaining nurses’ increased risk for suicide is limited. The presentation is a report of a proposed study seeking to examine mental health nurses’ high risk for suicide related to occupational exposure, direct and vicarious, to repeated trauma, suffering, death, pain, and suicide and a resulting habituation or desensitization to death and suicide.

The presentation will all define VT and STS terms and review the most up to date evidence re: risk and resilience factors and personal, professional, educational and organizational strategies to prevent or ameliorate effects of VT and STS.

Session: E2
The Women’s Supervision Unit and Mental Health Services for Women
Name: Mrs. Amy Martyniuk
Organization Name: Correctional Service of Canada, Government of Canada
Country: Canada

Abstract: Within the Correctional population, the segment of women is the fastest growing and its composition is presenting with some alarming trends with respect to those that present with mental health issues. The Prairie Region has the highest proportion of incarcerated women and accounts for 32% of the total number of incarcerated women. Historically, there have been fewer women offenders in the community, resulting in programs and services being less extensive, identifying a need to expand our resources.

Through the development of the Women’s Supervision Unit (WSU), women’s community corrections has become a priority in Manitoba, with the goal being an increased opportunity for women to successfully reintegrate back into our communities.

The WSU promotes a supportive environment for women based on the philosophy and values of accountability, empowerment, equality and teamwork. The WSU is committed to developing innovative release plans that respond to the needs of women. Women are encouraged to work with the WSU in an honest and meaningful way which allows for interventions/supports to be put in place that minimize their risk to re-offend.

The Community Mental Health Initiative is a new service within CSC whose team is responsible for the coordination of mental health services and supports for offenders with mental disorders. The team works in partnership with community interdisciplinary teams to enhance offender psychosocial functioning. Through this initiative, the psychiatric nurse works with women offenders identified with mental health issues, helping them access the services and successfully reintegrate into the community.

Session: E3
Palliative care during the last period of life in psychiatry
Name: Mrs. Heidi de Kam
Organization Name: GGz Centraal
Country: Netherlands

Aim: Improving the care for patients with severe mental illness, who rely on long term treatment in a centre for mental health care, in the last phase of their life. The project is combining knowledge and experience and given the opportunity to describe best practice.

Method • Working together with the national centre for support and knowledge of palliative care (Agora), another hospital for psychiatry (GGz Eindhoven en de Kempen) and Volunteers Palliative Care for people who are dying (VPTZ). • Multidisciplinary working group palliative care in GGz Centraal • The project is part of the program for psychiatry and physical care
Abstract: Many people dread the thought of their own death and fear a medically intrusive dying process. Death and dying are rarely discussed among clients, their families and clinical staff; this can lead to mixed messages, loss of trust, conflict and poor management at end-of-life. (OGA Conference). A diagnosis of dementia further complicates this process. This presentation will demonstrate the evolving journey of developing an educational module for clinical staff on a geriatric psychiatry unit. Education addressed staffs’ key identified concerns of having poor skills in assessing pain in the palliative client with dementia, not being comfortable with engaging families and clients in dialogue pertaining to death and dying, being uncertain of the legalities, and having a poor understanding of religious/cultural practices at end-of-life. Through the development of this education and in advancing corporate objectives, thirteen best practice guidelines were introduced to the palliative client with dementia, not being comfortable with engaging families and their family can have a good dying experience.

Session: E4
Recognizing and Understanding Ambiguous Loss: An Avenue for Family Healing and Implications for Family Psychiatric Nursing Practice
Name: Ms. Jane Karp
Organization Name: Brandon University, Faculty of Health Studies, Department of Psychiatric Nursing, Country: Canada

Abstract: Ambiguous loss is an unclear loss that occurs in a person’s life when a loved one is physically absent yet psychologically present or physically present yet psychologically absent (Boss, 2006). Therefore, ambiguous loss is an unclear loss resulting from circumstances of not knowing whether the loved one is alive or dead, absent or present (Boss, 2004, 2006). An individual who may be physically missing is often kept psychologically present, because the loss is not verified by evidence of death (Boss, 2006). This physical absence could be a result of war, terrorism, ethnic cleansing, genocide, kidnapping, and natural disasters. Conversely, an individual may be physically present yet be psychologically absent - that is, emotionally or cognitively missing. Examples of this type of ambiguous loss include people living with Alzheimer’s disease, dementia, brain injury, AIDS, autism, depression, addiction, or other chronic mental or physical illnesses (Boss, 2006). Ambiguous loss theory may be useful in understanding the experiences of individuals and family members coping with severe mental illness. Ambiguous loss theory presents opportunity for understanding mental illness and mental health issues through a lens of grief and loss that can shape the therapeutic relationship between the psychiatric nurse and the client.

The purpose of this presentation is to describe ambiguous loss theory, discuss the application of the use of ambiguous loss theory in psychiatric nursing; and consider the implications for the future of family psychiatric nursing practice.

Session: E5
Supporting Staff: An important component of patient safety
Name: Ms. Isabelle Jarrin
Co-Presenters: Ms. Linda Humphreys, Ms. Lori Riedmueller
Organization Name: Health Sciences Centre Winnipeg, Country: Canada

Issue: Following the Institute of Medicine report To Err is Human (Scott et al., 2009) patient safety initiatives have flourished. Improved understanding of adverse events, their impacts and contributory systems issues (Schwappach & Boluarte, 2008) have been paramount. Less frequently explored are the impacts on health care professionals (HCP). Endress et al., (2011) suggest HCP involved in adverse events experience helplessness, depression, feelings of guilt and inadequacy. Medical errors can increase burn out and reduce empathy contributing to poor patient care and increased potential for error (West et al., 2007). Although offering staff support has been described as a moral obligation (Denham, 2007) requesting help remains fraught with stigma (Endress et al., 2011).

Approach: Peer support teams can help mitigate stress among staff, encourage team communication and contribute to quality patient care. Our team provides confidential services accessible to all staff. The team includes mental health nurses and peers from across disciplines who volunteer their time.

Outcomes: Our team receives support from executive leadership. We provide services to approximately 193 staff members annually. Consistently, themes prompting calls from staff include; death of a child, unanticipated patient death and violence. Conclusion: Offering staff support following stressful events in the workplace is an important component of patient safety and contributes to overall staff wellness. Increasing patient safety through improved reporting of adverse events, near misses and developing safer processes is crucial. Acknowledging staff experiences and offering support recognizes that quality health care is best achieved by addressing patient and staff factors.
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